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Feb 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 727617 (3)  
1. Corporation Name  
THE UNITED STATES DENTAL TENNIS ASSOCIATION, INC



Principal Place of Business: 2180 BRIARCLIFF AVENUE IDAHO FALLS ID 83404 US  
Mailing Address: 2180 BRIARCLIFF AVENUE IDAHO FALLS ID 83404-6364 US

3. Date Incorporated or Qualified: 10/02/1973  
3a. Date of Last Report: 03/04/1996

2. Principal Place of Business: 21. 2180 Briarcliff Avenue, 22. Suite, Apt. #, etc., 23. Idaho Falls, Idaho, 24. 83404, 25. USA  
2a. Mailing Address: 26. 2180 Briarcliff Avenue, 27. Suite, Apt. #, etc., 28. Idaho Falls, Idaho, 29. 83404, 30. USA  
4. FEI Number: 23-7313401  
5. Certificate of Status Desired: [X] \$8.75 Additional Fee Required  
6. Election Campaign Financing: [ ] \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [X] No

9. Name and Address of Current Registered Agent: SCHROEDER, (T.W.), D.D.S., 523 N. PENINSULA DR., DAYTONA BEACH FL  
10. Name and Address of New Registered Agent: 81. Name, 82. Street Address (P.O. Box Number is Not Acceptable), 83., 84. City, 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P [ ] DELETE	1.1 TITLE	P [X] Change [ ] Addition
NAME	GAFFNER, VERNON L	1.2 NAME	WONG, DR. TERENCE
STREET ADDRESS	2180 BRIARCLIFF AVENUE	1.3 STREET ADDRESS	21471 FOOTHILL BLVD. E
CITY-ST-ZIP	IDAHO FALLS ID 83404	1.4 CITY-ST-ZIP	HAYWARD, CA 94541
TITLE	V [ ] DELETE	2.1 TITLE	VP [X] Change [ ] Addition
NAME	WONG, TERENCE	2.2 NAME	DIERENFIELD, DR. DENNIS
STREET ADDRESS	21471 FOOTHILL BLVD #E	2.3 STREET ADDRESS	16 W. MISSION #A
CITY-ST-ZIP	HAYWARD CA 94541	2.4 CITY-ST-ZIP	SANTA BARBARA, CA 93101
TITLE	ST [ ] DELETE	3.1 TITLE	ST [X] Change [ ] Addition
NAME	DIERENFIELD, DENNIS	3.2 NAME	HOESLI, DR. HANNA
STREET ADDRESS	16 W MISSION	3.3 STREET ADDRESS	8480 BONNIE HILL DR.
CITY-ST-ZIP	SANTA BARBARA CA 93101	3.4 CITY-ST-ZIP	HOLLYWOOD, CA 90068
TITLE	D [ ] DELETE	4.1 TITLE	D [ ] Change [X] Addition
NAME	COLLINS, DOUGLAS	4.2 NAME	KASPER, DR. ROBERT
STREET ADDRESS	232 S BURROWES ST	4.3 STREET ADDRESS	2135 BUTTERNUT LANE
CITY-ST-ZIP	STATE COLLEGE PA 16801	4.4 CITY-ST-ZIP	NORTHBROOK, IL 60062
TITLE	PD [ ] DELETE	5.1 TITLE	D [ ] Change [X] Addition
NAME	TURNER, LANCE D	5.2 NAME	WENGER, TERENCE
STREET ADDRESS	1545 ST. MARKS PLAZA	5.3 STREET ADDRESS	14355 HARTWELL TR.
CITY-ST-ZIP	STOCKTON CA	5.4 CITY-ST-ZIP	NOVELTY, OH 44092
TITLE	D [ ] DELETE	6.1 TITLE	PP-D [X] Change [ ] Addition
NAME	HOESLI, HANNA D	6.2 NAME	GAFFNER, DR. VERNON
STREET ADDRESS	3430 BONNIE HILL DR	6.3 STREET ADDRESS	2180 BRIARCLIFF AVENUE
CITY-ST-ZIP	HOLLYWOOD FL 90068	6.4 CITY-ST-ZIP	IDAHO FALLS, ID. 83404

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Vernon G. Gaffner, D.D.S., Past President* 2-4-97 (209) - 529-2160

CR2E037 (9/96)